Fill in this information to identify your case:

Debtor 1	**Timothy A Rorabaugh**
Debtor 2 (Spouse, if filing)	**Karen A Rorabaugh**
United States Bankruptcy Court for the:	SOUTHERN DISTRICT OF OHIO
Case number (If known)	**2:13-bk-57472**

Check if this is:

- ■ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

  ________ MM / DD/ YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

   If you have more than one job, attach a separate page with information about additional employers.

   Include part-time, seasonal, or self-employed work.

   Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	■ Employed ☐ Not employed	■ Employed ☐ Not employed
Occupation	**Deputy Sheriff**	**Executive Assistant**
Employer's name	**Franklin County**	**Wendy's International**
Employer's address	**373 South High Street Columbus, OH 43215-6310**	**4288 W Dublin-Granville Road PO Box 256 Dublin, OH 43017**
How long employed there?	**12 years**	**5 years**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write $0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

			For Debtor 1	For Debtor 2 or non-filing spouse
2.	**List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	$ **7,148.27**	$ **6,066.67**
3.	**Estimate and list monthly overtime pay.**	3.	+$ **0.00**	+$ **0.00**
4.	**Calculate gross Income.** Add line 2 + line 3.	4.	$ **7,148.27**	$ **6,066.67**

Debtor 1 **Timothy A Rorabaugh**
Debtor 2 **Karen A Rorabaugh**

Case number (*if known*) **2:13-bk-57472**

			For Debtor 1	For Debtor 2 or non-filing spouse
	Copy line 4 here	4.	$ 7,148.27	$ 6,066.67
5.	**List all payroll deductions:**			
5a.	**Tax, Medicare, and Social Security deductions**	5a.	$ 1,540.85	$ 1,154.14
5b.	**Mandatory contributions for retirement plans**	5b.	$ 714.83	$ 0.00
5c.	**Voluntary contributions for retirement plans**	5c.	$ 0.00	$ 303.33
5d.	**Required repayments of retirement fund loans**	5d.	$ 0.00	$ 214.91
5e.	**Insurance**	5e.	$ 301.17	$ 0.00
5f.	**Domestic support obligations**	5f.	$ 0.00	$ 0.00
5g.	**Union dues**	5g.	$ 45.00	$ 0.00
5h.	**Other deductions.** Specify: **Health FSA**	5h.+	$ 108.33	+ $ 216.67
	Vision		$ 0.00	$ 47.15
	Dental		$ 0.00	$ 43.68
	Spouse Life		$ 0.00	$ 4.31
	DTFA		$ 0.00	$ 10.83
	Opt Life EE		$ 0.00	$ 4.31
	Child Life		$ 0.00	$ 0.39
	PAC		$ 0.00	$ 4.33
	Aflac		$ 50.31	$ 0.00
	Supp Life		$ 1.30	$ 0.00
6.	**Add the payroll deductions.** Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	$ 2,761.79	$ 2,004.05
7.	**Calculate total monthly take-home pay.** Subtract line 6 from line 4.	7.	$ 4,386.48	$ 4,062.62
8.	**List all other income regularly received:**			
8a.	**Net income from rental property and from operating a business, profession, or farm** Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	$ 0.00	$ 0.00
8b.	**Interest and dividends**	8b.	$ 0.00	$ 0.00
8c.	**Family support payments that you, a non-filing spouse, or a dependent regularly receive** Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	$ 0.00	$ 0.00
8d.	**Unemployment compensation**	8d.	$ 0.00	$ 0.00
8e.	**Social Security**	8e.	$ 0.00	$ 0.00
8f.	**Other government assistance that you regularly receive** Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	$ 0.00	$ 0.00
8g.	**Pension or retirement income**	8g.	$ 0.00	$ 0.00
8h.	**Other monthly income.** Specify:	8h.+	$ 0.00	+ $ 0.00
9.	**Add all other income.** Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	$ 0.00	$ 0.00

10. **Calculate monthly income.** Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

10. $ 4,386.48 + $ 4,062.62 = $ 8,449.10

11. **State all other regular contributions to the expenses that you list in *Schedule J*.**
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify:

11. **+$** 0.00

12. **Add the amount in the last column of line 10 to the amount in line 11.** The result is the combined monthly income. Write that amount on the *Summary of Schedules* and *Statistical Summary of Certain Liabilities* and Related *Data,* if it applies

12. $ 8,449.10

Combined monthly income

Debtor 1 **Timothy A Rorabaugh**
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13. **Do you expect an increase or decrease within the year after you file this form?**

■ No.

☐ Yes. Explain: **Union Dues are $45.00 per month ($20.77 per bi-weekly pay period)**

Life insurance $1.30 per month ($.66 per bi-weekly pay period)

Fill in this information to identify your case:

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Debtor 2 (Spouse, if filing) **Karen A Rorabaugh**

United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO

Case number (If known) **2:13-bk-57472**

Check if this is:

■ An amended filing

☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. **Is this a joint case?**

   ☐ No. Go to line 2.

   ■ Yes. **Does Debtor 2 live in a separate household?**

   ■ No

   ☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.

2. **Do you have dependents?** ☐ No

   Do not list Debtor 1 and Debtor 2.

   ■ Yes. Fill out this information for each dependent.............

   Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Daughter	11	☐ No ■ Yes
Daughter	20	☐ No ■ Yes
		☐ No ☐ Yes
		☐ No ☐ Yes

3. **Do your expenses include expenses of people other than yourself and your dependents?**

   ■ No

   ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

			Your expenses
4.	**The rental or home ownership expenses for your residence.** Include first mortgage payments and any rent for the ground or lot.	4.	$ **0.00**
	If not included in line 4:		
4a.	Real estate taxes	4a.	$ **0.00**
4b.	Property, homeowner's, or renter's insurance	4b.	$ **0.00**
4c.	Home maintenance, repair, and upkeep expenses	4c.	$ **150.00**
4d.	Homeowner's association or condominium dues	4d.	$ **0.00**
5.	**Additional mortgage payments for your residence,** such as home equity loans	5.	$ **0.00**

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6.	**Utilities:**			
	6a. Electricity, heat, natural gas	6a.	$	**505.50**
	6b. Water, sewer, garbage collection	6b.	$	**44.35**
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	$	**0.00**
	6d. Other. Specify: **Cable Bundle**	6d.	$	**200.00**
	5 Cell Phones		$	**300.00**
7.	**Food and housekeeping supplies**	7.	$	**1,000.00**
8.	**Childcare and children's education costs**	8.	$	**0.00**
9.	**Clothing, laundry, and dry cleaning**	9.	$	**150.00**
10.	**Personal care products and services**	10.	$	**175.00**
11.	**Medical and dental expenses**	11.	$	**410.00**
12.	**Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments.	12.	$	**450.00**
13.	**Entertainment, clubs, recreation, newspapers, magazines, and books**	13.	$	**0.00**
14.	**Charitable contributions and religious donations**	14.	$	**0.00**
15.	**Insurance.** Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	$	**0.00**
	15b. Health insurance	15b.	$	**0.00**
	15c. Vehicle insurance	15c.	$	**225.00**
	15d. Other insurance. Specify:	15d.	$	**0.00**
16.	**Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	$	**0.00**
17.	**Installment or lease payments:**			
	17a. Car payments for Vehicle 1	17a.	$	**539.25**
	17b. Car payments for Vehicle 2	17b.	$	**0.00**
	17c. Other. Specify:	17c.	$	**0.00**
	17d. Other. Specify:	17d.	$	**0.00**
18.	**Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, *Schedule I, Your Income* (Official Form 106I).**	18.	$	**0.00**
19.	**Other payments you make to support others who do not live with you.** Specify:	19.	$	**0.00**
20.	**Other real property expenses not included in lines 4 or 5 of this form or on *Schedule I: Your Income*.**			
	20a. Mortgages on other property	20a.	$	**0.00**
	20b. Real estate taxes	20b.	$	**0.00**
	20c. Property, homeowner's, or renter's insurance	20c.	$	**0.00**
	20d. Maintenance, repair, and upkeep expenses	20d.	$	**0.00**
	20e. Homeowner's association or condominium dues	20e.	$	**0.00**
21.	**Other:** Specify:	21.	+$	**0.00**

22. **Calculate your monthly expenses**

22a. Add lines 4 through 21.	$	**4,149.10**
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	$	
22c. Add line 22a and 22b. The result is your monthly expenses.	$	**4,149.10**

23. **Calculate your monthly net income.**

23a. Copy line 12 *(your combined monthly income)* from Schedule I.	23a.	$	**8,449.10**
23b. Copy your monthly expenses from line 22c above.	23b.	-$	**4,149.10**
23c. Subtract your monthly expenses from your monthly income. The result is your *monthly net income*.	23c.	$	**4,300.00**

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.
■ Yes. Explain here: ***Water is included in with electric/gas**

***Medical-has ongoing medical condition**